



Committee Name Armstrong for Mayor Committee		Office Sought Mayor of Munroe Falls		District
Street Address 66 Gaylord Drive		City Munroe Falls	State OH	Zip 44262
Candidate Name OR PAC Registration Number James W. Armstrong		Treasurer Name Howard Taylor		Election Date (MM/DD/YYYY) 11/03/2015

Type of Report (choose one):

Annual Semiannual Pre-Primary Post-Primary Pre-General Post-General

Statewide Candidates Only:

July Monthly August Monthly September Monthly

Year
2018

Amended Report

No Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	157.57
2. Total monetary contributions (From Forms 31-A and 31-E)	2085.00
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	2242.57
5. Total monetary expenditures (From Forms 31-B and 31-F)	816.20
6. Balance on hand (line 4 minus line 5)	1426.37
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

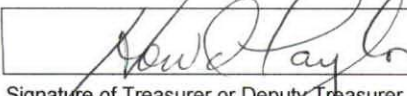
OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS

2019 JAN 25 AM 9:16

2636 Ave

SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**


Signature of Treasurer or Deputy Treasurer

01/22/2019
Date (MM/DD/YYYY)

Contribution Pages
6

Expenditure Pages
2

Other Pages
2

Total Pages
10



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Armstrong for Mayor Committee				
Full Name of Contributor Jon M Hawes			Registration Number, if PAC	
Street Address 184 Cheltenham Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Munroe Falls	State OH	Zip Code 44262	Date (MM/DD/YYYY) 10/19/2018	Amount 100.00
Full Name of Contributor Christopher C. Ritzinger			Registration Number, if PAC	
Street Address 18325 Crestview Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Munroe Falls	State OH	Zip Code 44262	Date (MM/DD/YYYY) 12/20/2018	Amount 100.00
Full Name of Contributor Total employee contributions from for No. 31-G			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount 100.00
Full Name of Contributor Contributions from form No. 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/27/2018	Amount 1775.00
Full Name of Contributor Peoples Bank			Registration Number, if PAC	
Street Address PO Box 738		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit of Bank Fees
City Marrietta	State OH	Zip Code 45750	Date (MM/DD/YYYY) 02/13/2018	Amount 10.00

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Armstrong for Mayor Committee			
To Whom Paid Expenditures from Form 31-F		Date (MM/DD/YYYY) 08/27/18	Amount 811.20
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid Peoples Bank		Date (MM/DD/YYYY) 01/31/2018	Amount 5.00
Street Address PO Box 738		Purpose Bank Fee	
City Marietta	State OH	Zip Code 45750	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 816.20



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Armstrong for Mayor Committee				
Full Name of Contributor Dennis S. Fedock			Registration Number, if PAC	
Street Address 13481 Sebe Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2018
City Marshallville		State OH	Zip Code 44645	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Robert R Pitz			Registration Number, if PAC	
Street Address 130 Lake Terrace Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/24/2018
City Munroe Falls		State OH	Zip Code 44262	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Bradley Sisak			Registration Number, if PAC	
Street Address 215 Oakhurst Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018
City Munroe Falls		State OH	Zip Code 44262	Amount 50.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Howard Taylor			Registration Number, if PAC	
Street Address 449 Sandown Lane		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/07/2018
City Munroe Falls		State OH	Zip Code 44262	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Evelyn Taylor			Registration Number, if PAC	
Street Address 449 Sandown Lane		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/07/2018
City Munroe Falls		State OH	Zip Code 44262	Amount 100.00
Form (Cash, Check, Etc) Check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 450.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Armstrong for Mayor Committee				
Full Name of Contributor Adam Van Ho			Registration Number, if PAC	
Street Address 518 Buttevant Dr		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018
City Munroe Falls		State OH	Zip Code 44262	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Peter Kostoff			Registration Number, if PAC	
Street Address 526 Meredith Lane		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018
City Cuyahoga Falls		State OH	Zip Code 44223	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Roseann Currier			Registration Number, if PAC	
Street Address 2001 Sequoia		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/28/2018
City Cuyahoga Falls		State OH	Zip Code 44221	Amount 100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Paul L Jackson			Registration Number, if PAC	
Street Address 103 Oak Hill Cir		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018
City Rootstown		State OH	Zip Code 44272	Amount 75.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Thomas Taylor			Registration Number, if PAC	
Street Address 316 Glen Lake Rd		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018
City Loveland		State OH	Zip Code 45140	Amount 100.00
Form (Cash, Check, Etc) Check				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 475.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Armstrong for Mayor Committee				
Full Name of Contributor Amy Taylor			Registration Number, if PAC	
Street Address 316 Glen Lake Rd	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 08/27/2018	Amount 100.00	
City Loveland	State OH	Zip Code 45140	Form (Cash, Check, Etc) Check	
Full Name of Contributor Terry Endress			Registration Number, if PAC	
Street Address 578 Bechers Jump	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 08/27/2018	Amount 100.00	
City Munroe Falls	State OH	Zip Code 44262	Form (Cash, Check, Etc) Check	
Full Name of Contributor Andrew Taylor			Registration Number, if PAC	
Street Address 158 Coolidge Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 08/29/2018	Amount 100.00	
City Libertyville	State OH	Zip Code 60048	Form (Cash, Check, Etc) Check	
Full Name of Contributor Abby Taylor			Registration Number, if PAC	
Street Address 158 Coolidge Ave	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 08/29/2018	Amount 100.00	
City Libertyville	State OH	Zip Code 60048	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jenny Markovich			Registration Number, if PAC	
Street Address 135 Spray Dr	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09/04/2018	Amount 50.00	
City Munroe Falls	State OH	Zip Code 44262	Form (Cash, Check, Etc) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 450.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Armstrong for Mayor Committee				
Full Name of Contributor Thomas Kostoff			Registration Number, if PAC	
Street Address 41 Merz Blvd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018	Amount 100.00
City Fairlawn	State OH	Zip Code 44333	Form (Cash, Check, Etc) Check	
Full Name of Contributor Dicadudo, Pitchford, Yoder LLC			Registration Number, if PAC	
Street Address 209 S. Main	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018	Amount 100.00
City Akron	State OH	Zip Code 44308	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jacob Geopfert			Registration Number, if PAC	
Street Address 446 Park Ridge Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018	Amount 50.00
City Munroe Falls	State OH	Zip Code 44262	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Jim Iona			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/27/2018	Amount 50.00
City Munroe Falls	State OH	Zip Code 44262	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Sophia Kostoff			Registration Number, if PAC	
Street Address 161 Grayling Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/16/2018	Amount 100.00
City Fairlawn	State NY	Zip Code 44333	Form (Cash, Check, Etc) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
1,775.00

Total Expenditures This Event
811.20

Page Total \$ 400.00



Contributors in Officeholder's Employ

Form 31-G
R.C. 3517.10

Full Name of Committee

Armstrong for Mayor Committee

Full Name of Contributor

Lisa J Hawes

Street Address

184 Cheltenham Lane

Date (MM/DD/YYYY)

10/19/2018

Amount

100.00

City

Munroe Falls

State

OH

Zip Code

44262

Form (Cash, Check, etc.)

Check

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

OH

Zip Code

Form (Cash, Check, etc.)

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

OH

Zip Code

Form (Cash, Check, etc.)

Full Name of Contributor

Street Address

Date (MM/DD/YYYY)

Amount

City

State

OH

Zip Code

Form (Cash, Check, etc.)


The above are employees of a unit or department under the direct supervision and control of James W. Armstrong

who currently holds the public office Mayor of Munroe Falls

Name of Officeholder

Name of Public Office

I hereby affirm that each contribution was voluntarily made.


(Signature of Treasurer or Deputy Treasurer)



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Armstrong for Mayor Committee				
To Whom Paid Lisa Armstrong		Date (MM/DD/YYYY) 08/23/2018		Amount 20.70
Street Address 66 Gaylord Dr.		Purpose Printing of Tickets		
City Munroe Falls	State OH	Zip Code 44262	Check Number 1010	
To Whom Paid Howard Taylor		Date (MM/DD/YYYY) 10/23/2018		Amount 790.50
Street Address 449 Sandown Lane		Purpose Lemongrass Rest. for fundraiser food and drink		
City Munroe Falls	State OH	Zip Code 44262	Check Number 1011	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 811.20